Fifth Annual Action Plan – Executive Summary

Under the Jason K. (JK) Settlement Agreement the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS) and the Arizona Health Care Cost Containment System (AHCCCS) are required to prepare an Annual Action Plan that (1) describes progress made during the past year (e.g., 11/1/04 to 10/31/05) as it relates to each obligation and the 12 Principles laid out in the Settlement; and (2) sets forth major strategies and activities that will be employed over the coming year to meet the State's obligation under the Settlement. In compliance with the Settlement Agreement, this Fifth Annual Action Plan is submitted to Plaintiffs' Counsel.

November 1, 2004 – October 31, 2005 Accomplishments

Since many of the obligations under the Settlement Agreement had been successfully met in prior years, ADHS and AHCCCS focused the majority of their efforts during this past year on further enhancing and strengthening the Title XIX children's behavioral health system to ensure delivery of services in accordance with the 12 Principles. Highlights of this year's accomplishments include:

- 470 percent increase in children with Child Family Teams (CFT) in one year resulting in 12,666 currently functioning CFTs[1].
- $1.39 million in additional funding to build supervision and leadership workforce skills.
- Implementation of three new Quality Measurement/Improvement tools, and Compliance Measures for T/RBHA Administrative Reviews related to the 12 Principles.
- Low out-of-home placement rates (2.5 percent), and an increase in use of appropriate alternative treatment settings, such as therapeutic foster care homes.
- Implementation of six new Practice Improvement Protocols, one new Technical Assistance Document, and development of a new Birth-to-Five Assessment tool.
- Increased allocation of money for flex fund services, including first-ever funding for Tribal Regional Behavioral Health Agencies (TRBHA).

A more specific description of the past year's achievement is found in the November 1, 2004 through October 31, 2005 Accomplishments section of this document (beginning on page 4).

November 1, 2005 – October 31, 2006 Focus Areas and Strategies

The focus areas and strategies outlined in this Fifth Annual Action Plan represent activities that ADHS will undertake to further meet the Settlement obligations, based on an analysis of accomplishments to date as well as on input from AHCCCS, the Plaintiff's Counsel and various stakeholders, including T/RBHAs, providers, members and families. The focus areas and strategies for the coming year are organized around the following four fundamental and pervasive dimensions as they relate to the overarching goal of embedding the 12 Principles into Arizona's Title XIX children's behavioral health system:

[1] Reported by T/RBHAs as of 9/30/05

1. Establishing a trusting relationship with each child and family (i.e. engagement);
2. Understanding each child and family by identifying their strengths, needs and important cultural considerations;
3. Creating an individualized plan of service that meets the needs of the child and family; and
4. Implementing, monitoring and modifying the individualized plan as necessary toward successful outcomes for the child and family.

Based on this general framework, ADHS, AHCCCS, the T/RBHAs, behavioral health service providers and other partners focused on the following five areas during an ADHS-sponsored planning forum held on October 18, 2005: (1) strengthening the child and family team process, (2) continuing to implement and improve the quality improvement process, (3) continuing to implement and refine performance improvement processes, (4) implementing "Best Practice" approaches, and (5) strengthening the utilization of natural supports.

Feedback from this forum and numerous other meetings with stakeholders has guided the development of a comprehensive work plan with the following objectives:

- Strengthen the utilization of natural supports.
- Research weaknesses within the current Child and Family Team process using quality assessment tools, and implement action steps to improve the quality of the Child and Family Team process.
- Strive to implement "Best Practice" approaches statewide.
- Maximize Title XIX funding to provide needed services.
- Monitor the use of Flex Funds.
- Review and modify existing guidelines for medication monitoring as needed.
- Develop and implement additional statewide training programs, including training for effective work with children involved with Child Protective Services (CPS), children age birth to five, and children/adolescents with substance abuse issues.
- Monitor the implementation of required trainings.
- Implement statewide quality measurement tools and processes.
- Align existing performance improvement activities with the 12 Arizona Principles.
- Utilize youth and families to inform the behavioral health system about the quality of practice and services.
- Increase family, consumer and other stakeholder involvement in ongoing quality improvement initiatives.

ADHS will meet with the leadership at each T/RBHA (and with their associated service providers) before 12/31/05 to educate them about this 5th Annual Plan and the associated expectations related to the JK Settlement for the upcoming year. Each geographic service area (GSA) will then be expected to develop and implement its own region-specific work plan and have its service providers develop and implement congruent operational plans. ADHS will monitor implementation of/progress with the T/RBHA plans on a regular basis[2].

[2] To further emphasize this commitment, ADHS is establishing a "JK Compliance Team" to oversee the implementation and progress of both this work plan and those developed at the T/RBHA level.

ADHS and AHCCCS are committed to the successful implementation of the strategies described in this Annual Plan. ADHS and AHCCCS strongly believe that the objectives and activities outlined for the coming year are vital to the further development of a high-quality system and its sustainability, built on the foundation of the 12 Principles. While unanticipated issues may arise, requiring adjustments or modifications to particular plan activities, ADHS and AHCCCS will remain committed to completion of the objectives set forth in the Fifth Annual Action Plan.

November 1, 2004 through October 31, 2005 Accomplishments[3]

Overall Behavioral Health System Development:

Settlement Agreement Paragraph 14: Defendants agree to foster the development of a Title XIX behavioral health system that delivers services according to the 12 Principles set forth in Section V

Settlement Agreement Paragraph 15: Defendants will move as quickly as is practicable to develop a Title XIX behavioral health system that delivers services according to the 12 Principles. Once developed, Defendants will maintain the system in accordance with the Principles for the term of this Agreement.

During 2004-2005 ADHS continued to move as quickly as is practicable to foster the development of a Title XIX children's behavioral health system that delivers services according to the 12 Principles. Below are salient examples of activity during that timeframe to ensure the further embedding of each of the Principles into the various components of the system. Many of these activities naturally address more than one Principle, and those described here represent only highlights of the full range of activities and accomplishments since 11/1/04. More detailed information regarding these particular activities, as well as other initiatives, follows beginning on page 7.[4] Historical documentation of activities to foster the development of a Title XIX behavioral health system that delivers services according to the 12 Principles can be found in the prior four years' Annual Action Reports.

Principle: Collaboration with Child and Family (active collaboration with the child and parents, child and family involved in assessment, service planning, delivery and monitoring of services)

- Fourfold increase in children and families with functioning Child and Family Teams (CFTs)[5];
- Increased funding for training directed at building effective supervision and leadership skills to support CFTs;
- In the sample of charts reviewed as part of the 2004 Independent Case Review, documentation indicated that in 98 percent of the cases reviewed, staff actively engaged the child and the family in the treatment planning process.

[3] In keeping with the format of the JK Settlement Agreement set forth in Section III, paragraphs 14-17, and the specific actions described in paragraphs 32-55 and 73-74, both the November 1, 2004 through October 31, 2005 Accomplishments summary, and the Fifth Annual Work Plan, reference the corresponding Agreement paragraph.

[4] A complete listing of accomplishments as they relate to each Principle is found in **Appendix A**.

[5] Arizona's Child and Family Teams process was cited as one of four promising models nationally that "appear to be in the forefront of offering family driven care, defined as care where family members have a decision-making role in the treatment of their children." [Mary I. Armstrong PhD (June 2005), *Promising Approaches for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems #7: Care Management in Public Sector Managed Care Systems*, Tampa FL: University of So. Florida, pp. 32-33.]

Principle: Functional Outcomes (behavioral health services designed to assist children to achieve success in school, live with their families, avoid delinquency, become stable adults, stabilize child's condition and minimizes safety risks)

- Development and implementation of Functional Outcomes Measures for all Children age 6 and over (development and implementation of Functional Outcomes Measures for all Children Birth through 5 years old will be finalized by the end of 2005);
- Application of standardized outcomes data in Pima County (Project MATCH) to shape practice improvement efforts reflected improved outcomes when compared to the previous year.

Principle: Collaboration with Others (joint assessment, service planning and collaborative implementation for multi-agency children)

- Require in ADHS contracts the completion, by 12/31/05, of detailed collaborative protocols between RBHAs and each major child-serving system;
- Funding of training for DES and ADJC and special trainings related to multi-agency children;
- Technical Assistance Document #6 - *Providing Services to Children in Detention*;
- Practice Improvement Protocol #15 - *Unique Behavioral Service Needs of Children Involved with CPS*.

Principle: Accessible Services (access to a comprehensive array of services and creation of services when needed but not available)

- 2005 Administrative Review of T/RBHAs now underway includes specific focus to assess effectiveness of barrier identification and resolution mechanisms in each region;
- Independent review by foster care review boards of more than 6,000 cases of children in state custody, covering the period 7/1/04 through 6/30/05, identified no significant behavioral health service gaps in at least 86.7% (and as many as 96.0%) of those cases;
- Increase in funding for flex fund services and revisions to the Provider Manual section related to use of flex funds.

Principle: Best Practices (services provided by competent, adequately trained and supervised individuals in accordance with guidelines that incorporate evidence-based best practices with continuous evaluation and modification as needed)

- Establish children's best practices subcommittee (May 2005) to identify and spread best practice approaches throughout statewide clinical services;
- Implement Practice Improvement Protocol #3 - *Pervasive Developmental Disorders and Developmental Disabilities*;
- Practice Improvement Protocol #11 - *Best Practices*;
- Practice Improvement Protocol #14 - *Out of Home Care Services*;
- Statewide implementation of CFT Supervision Tool that measures CFT facilitator competencies relating to each of the 12 Principles;
- Statewide implementation of CFT Process Measurement Tool that measures standards relating to each of the 12 Principles.

Principle: Most Appropriate Setting (provision of services in child's home and community or most home-like residential setting)

- ADHS continued to maintain low rates of out-of-home placements. Statewide averages (January 2005 thru August 2005) showed that only 2.4 percent of the children enrolled with the RBHAs were placed outside the home;
- While the numbers of children in out of home placement remained relatively constant (despite statewide increase in overall enrollment), the percent of those children who were placed in family-based therapeutic foster care during the same time trended upward to 40 percent of the total out of home placements;
- Practice Improvement Protocol #12 - *Therapeutic Foster Care Service For Children*;
- The rate of placement of children out-of-state to meet their behavioral health needs remained at fewer than 20 for the eighth consecutive calendar quarter (reduced from a high of 100 in April-June 2002).

Principle: Timeliness (assessed and served promptly)

- Process improvement project results show substantial improvement in assessment appointment availability;
- 2004 Independent Case Review Standard #14 - "Services are provided in a timeframe responsive to the urgency of the member's need." - showed statewide performance for children at 93 percent (ADHS timeliness guidelines were used to score this standard);
- Independent review by foster care review boards of more than 6,000 cases of children in state custody, covering the period 7/1/04 through 6/30/05, identified no waiting list for counseling in 99% of those cases.

Principle: Services Tailored to the Child and Family (unique strengths and needs as articulated by child and family dictate services)

- T/RBHAs report that by 9/30/05 initial strengths, needs and culture discovery processes have been completed for 12,666 currently-enrolled children and their families (37% of 33,965 current JK class members);
- Development and implementation of the Birth to Five Assessment tool.

Principle: Stability (minimize multiple placements, identify children at risk of placement disruption, anticipate crisis and address in service plan, plan for transition)

- Provision of respite service has nearly doubled between 2003 and 2005, in terms of both spending and percentage of children/families receiving this stabilizing service;
- Practice Improvement Protocol #13 - *Children and Adolescents Who Act Out Sexually.*

Principle: Respect for the Child and Family's Unique Cultural Heritage (services provide in manner that respects cultural tradition and heritage of child and family)

- Revised Provider Manual to include section on expectations for providers to ensure the

delivery of culturally and linguistically appropriate behavioral health services;
- § Allowed Tribal therapeutic foster homes that are federally approved to provide services;
- § Provided first time funding for flex fund services to the Gila River, Navajo Nation and Pasqua Yaqui RBHAs.

Principle: Independence (services include support and training for parents to meet child's needs and self-management for child)

- § Increase in fee-for-service rates for services that foster independence (e.g. behavioral health prevention, promotion, and education; medication training and support; individual and group peer support; skills training and development; and living skills).

Principle: Connection to Natural Supports (identify and utilize supports from child and parents' own networks of associates)

- § Strengths, Needs and Culture Discoveries have been used to identify natural and community supports for 37% (as of September 30, 2005) of enrolled children and their families;
- § Maricopa County's Red Alert/Blue Alert system, designed by family members and hosted by ValueOptions, has been accessed in hundreds of situations to connect children and families to a wide range of informal support.

Incorporation of Principles into Documents

Settlement Agreement Paragraph 16: As quickly as practicable, Defendants will conform all contracts, decisions, practice guidelines and policies related to the delivery of Title XIX behavioral health services to be consistent with and designed to achieve the Principles for class members.

ADHS has taken action to conform all contracts, decisions, practice guidelines and policies related to the delivery of Title XIX behavioral services to be consistent with and designed to achieve the 12 Principles for class members. Discussion of extensive action taken to incorporate the 12 Principles into existing (and new) decision-making processes and seminal documents can be found in prior years' Annual Action Plans (2001-2004). ADHS has continued its commitment to ensure document consistency with the 12 Principles as exemplified by the following new documents that were developed in 2004-2005[6].

- § ADHS Practice Improvement Protocols (PIP): PIPs are philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services. This past year ADHS adopted **six** new PIPs related to the delivery of behavioral health services to children in accordance with the 12 Principles (e.g., most appropriate settings, best practices). These include:

[6] Additional examples can also be found under other sections, e.g., Quality Management, Training, Title XIX Services.

- Protocol #11 - *Best Practices*: Purpose - "To identify those approaches, treatments, and modalities that ADHS recognizes and endorses for use by behavioral health providers delivering services in the public behavioral system." (Effective date 4/1/05)

- Protocol #12 - *Therapeutic Foster Care Service for Children:* Purpose - "To establish protocols that promote the provision of Therapeutic Foster Care services in a manner consistent with the best interests of the child and the child's family, and the 12 Arizona Principles." (Effective date 11/1/04)

- Protocol #13 - *Children and Adolescents Who Act Out Sexually*: Purpose - "To establish protocols for behavioral health interventions for children and adolescents who display sexually inappropriate behaviors that effectively serve their psychosexual and behavioral health needs, that are consistent with the 12 Arizona Principles, that increase safety for all, and that reinforce the interventions of other child serving agencies." (Effective date 3/7/05)

- Protocol #14 – *Use of Out of Home Care Services*: Purpose - "To establish protocols that operationalize Best Practices in hospitals, crisis stabilization facilities, residential treatment centers, therapeutic foster care homes, and therapeutic and other behavioral health group homes." (Effective date 3/9/05)

- Protocol #15 - *The Unique Behavioral Health Service Needs of Children Involved with CPS*: Purpose – "To provide an understanding of the unique behavioral health service needs of children involved with CPS, and guidance to Child and Family Teams in responding to those needs." (Effective date 5/15/05).

- Protocol #3 - *Pervasive Developmental Disorders and Developmental Disabilities*: Purpose – "To institute and maintain a process that promotes best practices for individuals with pervasive Developmental Disorders and Developmental Disabilities that: 1) establishes protocols to effectively reduce target symptoms, improve overall functioning, and strengthen the community and family supports that enhance outcomes and 2) ensures that behavioral health services are coordinated and integrated with those provided by DDD, CPS and all other agencies involved." (Effective date 7/8/05)

§ Technical Assistance Documents (TAD): ADHS TADs provide guidance to T/RBHAs and providers for implementing covered behavioral health services and Division protocols. To further promote the Principle of collaboration for multi-agency children, ADHS adopted the following TAD this past year:

- TAD #6 - *Providing Services to Children in Detention*: Purpose - "To support coordination between the public behavioral health system and the juvenile justice system for children needing behavioral health services who are in a county detention facility and eligible or may have the opportunity to become eligible for Title XIX." (Effective date 6/1/05)

- To promote changes to improve the quality management system, ADHS revised TAD #3 – *The Child and Family Teams Process*[7], integrating the new Functional Outcomes Measurement and Reporting process for Children Over 6, as well as the new CFT Supervision Tool measuring facilitator competencies relating to each of the 12 Principles. (Revisions effective date 10/1/05)

§ ADHS Provider Manual: Revisions were made to the ADHS Provider Manual Template that relate to a number of the 12 Principles (e.g., timeliness, respect for child/family's unique cultural heritage). These revisions include:

- *Section 3.8 Outreach, Engagement, Re-Engagement and Closure* (3.8.6-A-c) in which requirements were added related to documenting reengagement attempts and to assisting persons released from Level I care (e.g., Residential Treatment Center [RTC]) to obtain appointments with prescribing clinicians. Additionally, the policy related to eligibility for children held at county detention facilities was clarified in order to ensure children are not disenrolled inappropriately. (Revised 2/10/05)

- *Section 3.14 Securing Services and Prior Authorization* (3.14.7-A) in which the process for securing services not requiring prior authorization is further clarified, emphasizing the identification of the needs of the individual member, the role of the clinical liaison in ensuring services are made available and the involvement of the member and family in identifying appropriate providers. (Revised 01/04/05)

- *Section 3.13 Covered Behavioral Health Services* (3.13.6, 3.13.7-B) in which a definition of flex funds has been added along with a new section describing the use and purpose of flex funds and how they are accessed. (Revised 10/1/05)

- *Section 3.23 Cultural Competency* (3.23.5-7) in which federal requirements related to the provision of culturally and linguistically appropriate services were incorporated into the policy, and processes were described for conducting assessments with regard to the member's cultural and linguistic preferences and needs and for accessing interpretation services. (Revised 10/1/05)

[7] ADHS Practice Improvement Protocol #7, and ADHS Technical Assistance Document #3 – both describing the Child and Family Teams Process – have been identified nationally as useful resources in [Mary I. Armstrong PhD (June 2005), *Promising Approaches for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems #7: Care Management in Public Sector Managed Care Systems,* Tampa FL: University of So. Florida, pp. 7-12, 35, 37-42.]

Training

Settlement Agreement Paragraph 17(a): Develop and implement a statewide training program, as described in paragraphs 32-39.

- ***#32 requires Defendants to develop and implement a statewide training program focusing on collaboration, assessment, service planning and implementation and on maximizing the use of monies for Title XIX services in the context of managed care.***
- ***#33 requires Defendants to identify persons to be trained and a training schedule. Initial priority given to training of "train the trainers" and to agencies and personnel involved in planning or delivery of behavioral health services for 300 Kids project and other multi-agency children.***
- ***#34 requires to designate up to $2 million to be allocated over a three-year period as necessary to design and implement the statewide training program.***
- ***#35 requires training program design to provide frontline staff and supervisors sufficient knowledge and skills to enable them to plan and provide services consistent with the Principles.***
- ***#36 requires training program to have an on-the-job "hands-on" component for frontline staff and supervisors, in addition to a classroom component. In the on-the-job component trainers will coach and mentor frontline staff and supervisors in effective techniques and approaches.***
- ***#37 requires Defendants to develop and implement a pilot training program for the 300 Kids Project. Using lessons learned from the pilot program and other information, develop and implement a comprehensive training program.***
- ***#38 requires comprehensive training program to include learning opportunities that teach family centered and strength based approach, comprehensive unified assessment that involves the family, single, single unified service planning and implementation, facilitation of CFTs and how to access and use wrap around services; tools to evaluate the ongoing effectiveness of the training and enhance areas demonstrating need for improvement; and a methodology for measuring core competencies for front-line staff.***
- ***#39 requires behavioral health system to have qualified trainers in sufficient numbers to train front-line staff and supervisors.***

Since the inception of the Settlement Agreement, ADHS has undertaken extensive efforts to develop and implement a statewide comprehensive training program for ADHS, T/RBHA and provider staff and other key stakeholder groups that facilitates and promotes the delivery of Title XIX children's behavioral health services in accordance with the 12 Principles. In response to Settlement paragraphs #33 and #38, the initial effort was primarily focused on implementing a pilot training program for the 300 Kids project and the application of "lessons learned" to the expansion of the training system statewide. However, statewide training was also developed and implemented in two other areas: 1) maximizing the use of monies for Title XIX services through the use of the new covered services array, and 2) effective assessment and service planning using the new intake, assessment and service planning tool (see Settlement paragraph #32).

Previous activities and accomplishments associated with meeting training obligations are documented in prior years' Annual Action Plans (2001-2004).

ADHS Oversight

ADHS continued to foster, support and monitor the training programs being implemented and provided by the T/RBHAs who, since 2003, have been held primarily responsible for implementation of the statewide training program. This past year ADHS' oversight role as related to training has involved the following:

§ Contract Provision. Included specific training provisions in the new Greater Arizona RBHA contracts awarded effective 7/1/05 which required the RBHAs to provide training "to Contractor personnel, service providers and family members who provide peer support, to support them in successfully fulfilling the requirements of their position and to assist in achieving the Arizona's Children's Vision and Principles."

§ RFP Evaluation. Scored the RBHAs on their proposed training plans as part of the RFP evaluation for the Greater Arizona RBHAs.

§ Workforce Development Plans: This year ADHS required as a condition of funding that T/RBHAs[8] submit for approval by ADHS an updated Workforce Development Plan that included training strategies for both capacity building and strengthening competencies within the children's behavioral health service delivery system. This past year ADHS (supporting Paragraph #38) required the RBHAs to develop training strategies that were directed at achieving the goal to have functioning CFTs for at least 50 percent of the children enrolled in the Title XIX behavioral health system by 12/31/05, and to include specific action steps in their Plans for these elements:

- Providing cultural competency training.
- Building of effective (clinical) supervision and leadership skills supportive of the CFT process.
- Recruiting and preparing family members and youth to share their expertise in the training process.
- Encouraging the inclusion of various stakeholders (state agencies, education, families, providers etc.) in the trainings being offered.
- Accelerating the transfer of CFT process expertise from external consultants and internal coaches to the supervisory staff.
- Developing strategies aimed at identifying barriers to the implementation of system reform at multiple levels (e.g., the child and family team, supervisory and administrative, and systemic).
- Integrating clinical guidance documents published by ADHS into training curricula and practices.

[8] CPSA 3 and 5, Cenpatico 2 and 4, NARBHA and Gila River RBHAs each submitted workforce development plans. ValueOptions received only minimal training funds from , instead primarily applying its own contractually committed funds to support a Strategic Training Plan which contains goals specifically focused on strengthening CFTs, through training, coaching and the provision of clinical consultation.

Beginning November 2004, ADHS implemented a standardized process for monitoring activities and achievements relating to the Workforce Development Plans as well as ValueOptions' Strategic Work Plan. A summary of the status of these activities is developed by the Bureau of Children's Services program representatives in their JK Action Plan Monthly Reports. This monthly monitoring process helps to drive internal ADHS analysis, leading when indicated to adjustments in the RBHA plans.

§ Compliance Review. Included in the new 2005 ADHS Administrative Review Tool for the T/RBHAs are the following standards related to training:

- Training on and implementation of effective practice improvement protocols
- Training and coaching system staff, partners and families on operating according to the 12 Principles
- Maintaining a comprehensive training function sufficient to provide identified trainings to all personnel and service providers
- Providing cultural competency training.

ADHS is currently conducting these annual reviews (during October and November 2005), with results to be available by early 2006.

Special ADHS Training

While the majority of ongoing training is now conducted at the T/RBHA and/or provider level, ADHS continued to provide special training programs during the past year. These trainings focused on building capacity and strengthening competencies related to implementation of new quality management tools and practice improvement protocols, increasing understanding of the unique needs of special populations, and educating the future behavioral health workforce. While some of the trainings were unique one-time events, the ADHS training around use of its several new tools typically utilized a "train the trainer" approach, training select T/RBHAs and provider staff who in turn assume responsibility for the provision of the training and coaching to other practitioners. Highlights of special training conducted by ADHS include:

§ New Birth-to-Five Assessment Tool. With assistance from Southwest Human Development, ADHS developed a daylong training session addressing use of the new Birth-to-Five Assessment tool as well as an overview of infant/toddler mental health goals, risk indicators and symptoms. Five training sessions, targeted to clinical liaisons and T/RBHA training staff, were delivered in Flagstaff, Tucson, Phoenix (two sessions) and Yuma during September – October 2005. Each T/RBHA has identified a person responsible for implementing the Birth-to-Five Assessment training on an ongoing basis, and was given a training curriculum, including two videos. Statewide implementation of the new Birth-to-Five Assessment tool occurred effective 10/1/05.

§ New Quality Management Tools: During September 2005 each T/RBHA's key supervisory and clinical leadership personnel were trained on the Functional Outcomes Measures Tool and the CFT Supervision Tool, including multiple sessions in Maricopa

County. A separate training was held for the T/RBHA Quality Management directors 9/1/05 on application of the new Child and Family Team Process Measurement Tool.

§ Therapeutic Foster Care (TFC) Curriculum: In July 2005 ADHS partnered with ValueOptions to develop a standardized 18-hour training curriculum for foster parents who wish to become therapeutic foster parents. The developing curriculum will draw from the combined expertise of a national foster care expert, foster families, licensing agencies, RBHA staff from across the state and other stakeholder agencies. Existing therapeutic foster parents will also be required to complete training in the new curriculum, which highlights positive behavior support and family-to-family approaches. The new TFC curriculum will build on the PS-MAPP training curriculum currently being implemented statewide for all foster parents licensed to serve children in the custody of Child Protective Services. The curriculum is designed to better prepare foster parents to work effectively with children who might traditionally have been served in congregate care (e.g. residential treatment center) settings.

§ Best Practices and Clinical Protocols. Throughout the year ADHS delivered training to both internal and external audiences related to best practices and new practice improvement protocols. Examples include:

- "Working with People with Developmental Disabilities: Best Behavioral Health Practices", December 17, 2004, Drs. Bob Klaehn, Laura Nelson, Dave Harvey. This presentation covered assessment, treatment and positive behavior support and was provided to a cross-section of behavioral health staff including case managers, clinical liaisons and clinicians. There were 60 participants from across the state.
- "Pervasive Developmental Disorders and Development Disabilities Practice Improvement Protocol," September 6, 2005, Drs. Ray Lederman and Laura Nelson. This presentation was taped and is being edited to serve as a training video required for all Clinical Liaisons and other behavioral health providers who work with individuals with developmental disabilities.
- "Behavioral Health Services for Arizona Children under Court Jurisdiction," March 15, 2005, Frank Rider. This training session was presented for juvenile court judges at their annual meeting.
- "Therapeutic Foster Care Practice Improvement Protocol Training" was provided in multiple on-site training events: March 12, 2005 for ValueOptions staff and provider agencies; March 29, 2005 for CPSA staff, provider agencies, foster parents and CPS caseworkers; and April 8, 2005 for NARBHA, PGBHA and EXCEL staff, provider agencies, foster parents and CPS caseworkers.
- "Accessing the Behavioral Health System for Students in Transition," September 22, 2005, Jytte Methmann. This presentation was presented to the Arizona Department of Education's statewide school-to-work transition conference in Litchfield Park.

§ Education of Future Workforce. To achieve the mission of the Higher Education Partnership established in 2004 with Arizona's universities and community colleges (i.e., to build a future behavioral health workforce that will meet the needs of children and

families in the years to come), ADHS sponsored the following trainings:

- "Strengths-Based Assessment and Service Planning; Recovery and Consumer Focused Services; Clinical Teams Approach; Covered Services and Career Ladders with Corresponding Core Competencies." April 14, 2005. This presentation was for human service education staff from Arizona's universities and community colleges, and was facilitated by staff from Western Interstate Commission for Higher Education (WICHE).
- "Provider Qualifications", May 5, 2005. This presentation was for faculty and students at South Mountain Community College to address qualifications that are required in order to provide services in the Title XIX Behavioral Health System.

§ Internal ADHS Training aimed at familiarizing a wide range of ADHS personnel with a better understanding of the dimensions and direction of JK-initiated system transformation. The Children's Bureau staff has continued to provide periodic internal training sessions for finance, quality improvement, human rights and customer assistance personnel (e.g. April, August 2005).

T/RBHA Training

During the past year, the T/RBHAs continued to be held accountable for developing and implementing the ADHS prescribed training program with an emphasis, as described in Paragraph #38, on ensuring frontline staff and supervisors have the knowledge and experience to provide services consistent with the 12 Principles. In addition to traditional classroom style training, T/RBHAs contracted with consultants to assist with the delivery of coaching and mentoring of supervisors and frontline staff as outlined in Paragraph #36. Below are highlights of the training conducted by the T/RBHAs during the past year.

Value Options

Examples of ValueOptions training programs in support of the JK Settlement Agreement include: Child and Family Team Overview (also available online), Child and Family Team Supervision Process and Outcomes Measures, Systems Principles, Child and Family Team (5-day) Training, Child and Family Team (2 day) Overview, Child/Adolescent Transition to Adult Behavioral Services, Child and Family Team Practice Improvement Protocol and Technical Assistance Document (as part of Provider Manual training), Child Psychiatric Disorders and Infant/Toddler Mental Health, and Collaborative Protocols (with AOC and DDD). ValueOptions is also in the process of leading development of the new statewide training curriculum for therapeutic foster care families to be piloted in January 2006.

Total (duplicated) attendance for ValueOptions children's system training programs during the past year was 4,668 including attendees from ValueOptions staff, provider agencies, Juvenile Corrections and Juvenile Probation, DDD, CPS, and Education.

CPSA 3 and 5

Examples of CPSA training programs in support of the JK Settlement Agreement include: Advanced Skills for Child and Family Team Facilitators, ArizonaVision and the 12 Principles (also in Spanish), Assessment of Infants and Toddlers, Basic Child and Family Team Facilitation, Birth to Five Assessment, Child Development, Child and Family Team Facilitation, Child and Family Team Supervision Process and Outcomes Measures, Designated Child and Family Team Facilitation, Engaging Hard to Reach Parents and Families, Early Childhood Psychopathology, Family Support, Family Involvement and Peer Support, How is Infant Mental Health Unique, Infant and Toddler Mental Health - Coaching and Supervision, Reflective Practice/Reflective Supervision, Observing child and Caregiver, Permanency Planning, Planning Interventions for Mental Health, Risk and Protective Factors, and Working with Families.

Total (duplicated) attendance for CPSA children's system training programs during the past year was 1,184 including attendees from CPSA staff, provider agencies, community agencies, families, CPS, DDD, Juvenile Justice, and Education.

NARBHA

Examples of training programs in support of the JK Settlement Agreement include: Children's Systems Barrier Process, Child and Family Team and Arizona Principles Training, ADHS Technical Assistance Document #5, Outreach After Missed Appointments, Foster and Adoptive Parent Advanced Training, Improved Interagency Collaboration, Therapeutic Foster Care Services, Child and Family Team Interim Credentialing, Transition to Adult Policy and TAD, Family Involvement Continuum, Admin/Clinician Training, Child and Family Team Training, Child and Family Team Supervision Process and Outcomes Measures, Child and Family Team Community Overview, Kids in Detention TAD Training, Child and Family Team Facilitator Training, Evidenced Based Drug Treatment Adolescents, Reflective Practice/Reflective Supervision, What Is Infant Mental Health?, Birth to Five Assessment, ADHS Child and Family Team Quality Management Process and Supervision Tool, and Juvenile Justice Behavioral Health Forum.

Total (duplicated) attendance for NARBHA from 2/05-9/05 was 385 attendees including NARBHA staff, provider agencies, Juvenile Justice, community agencies, CPS, and DDD.

Cenpatico

Examples of training programs in support of the JK Settlement Agreement include: Child and Family Team Overview, Child and Family Team Supervision Tool, and Child and Family Team/Family Support. ADHS has approved specific consultants (e.g. Child and Family Support Services) to assist Cenpatico in designing and delivering training and coaching, and is participating more directly in early provision of training by this new RBHA (e.g. CFT process training October 17-18, 2005.

Training records for former RBHAs PGBHA and EXCEL are also available, but the results of key JK Settlement-related training in those two regions are primarily reflected in the current capacity for CFT process facilitation in the charts on the following page.

Gila River

Examples of training programs in support of the JK Settlement Agreement include: Community Introduction and Focus Groups, Community 1 on 1's, Facilitator Training, Coaching 2005, and Child and Family Team Training of Trainers.

Evaluating the Effectiveness of Training

One of the key training focuses this past year was on intensifying the CFT training. To measure the effectiveness of this training effort ADHS set an overall goal of 50 percent of all RBHA-enrolled Title XIX children statewide with functioning CFTs[9] by the end of contract year 2005. The statewide results to date are encouraging with nearly 40% of the eligible children currently supported by functioning CFTs. This represents an overall increase of 400% since October 2004. The CFT capacity, by RBHA, is captured in the table below; and quarterly updates are regularly posted at the ADHS website (www.azdhs.gov/bhs):

T/RBHA	Number of Trained, Available CFT Facilitators as of 9/30/05
NARBHA	87
Cenpatico 2	37
Cenpatico 4	85
CPSA 3	128
CPSA 5	193
ValueOptions	411
Gila River	9
Statewide Total	**950**

T/RBHA	Number of Functioning Child and Family Teams as of 9/30/05
NARBHA	872
Cenpatico 2	293
Cenpatico 4	1,037
CPSA 3	571
CPSA 5	3,671
ValueOptions	6,197
Gila River	25
Statewide Total	**12,666**

[9] A functioning child family team is defined by ADHS as being facilitated by a trained person; meeting at least one time and, since then, has continued to function in accordance with ADHS Technical Assistance Document #3, The Child and Family Team Process; and completing an initial strengths, needs and cultural discovery.

ADHS has developed additional tools for measuring the effectiveness of training that were implemented on 10/1/05. Of particular relevance to this obligation (Paragraphs #35 and #38) is the new CFT Supervision Tool that is being used to measure proficiency rates for new CFT facilitators. Results from these tools will begin to be captured in January 2006 and will be reported in the 2006 Annual Action Plan.

Funding for Training

ADHS commitment to operating a comprehensive statewide training program is reflected in the money that has been allocated for this purpose. The annual amount that ADHS has allocated for training has well surpassed the Settlement obligation (Paragraph #34) of $2 million allocation for training over a three-year period. In addition to continuing to support a training unit within the Division, a total of **$3,801,574** this past year has been earmarked for training related to children's behavioral health services. This represents an increase over 2003-2004 funding of $442,445 in new SIG funds and $952,159 of HB2003 money.

Funding for T/RBHA Training

CPSA 3 and 5, GSA 2 and 4 (now Cenpatico), NARBHA, and Gila River all receive training monies from various state and federal grants that are passed through by ADHS. While ValueOptions receives a small amount of pass-through funds, most of its training funds are set aside as part of their contract with ADHS. The tables below depict training allocations by T/RBHA, and funding sources and total amounts.

Training Allocations Related to Children's Behavioral Health Services (10/1/04 -9/30/05)

T/RBHA	Total Allocation from All Fund Sources
ValueOptions	$1,494,090
CPSA-5	$ 589,225
CPSA-3	$ 54,829
NARBHA	$ 285,996
Cenpatico GSA-2 (PGBHA)	$ 176,169
Cenpatico GSA-4 (EXCEL)	$ 113,577
Gila River	$ 35, 716
DES	$ 120,000
ADJC	$ 819,173
Subtotal	$3,688,775
ADHS Reserve[10]	$ 112,799
Total	**$3,801,574**

[10] ADHS Reserve is being allocated to fund the following: VVDB training, 0-5 assessment training, Family Involvement Center and MIKID training

Fund Sources for T/RBHA Training Related to Children Behavioral Health Services (10/1/04 - 9/30/05)

Fund Source	Amount
ValueOptions (contract commitment)	$1,452,000
CMHS Block Grant	$ 350,000
State Infrastructure Grant (SIG)	$ 482,445
Project Match (CPSA-3 and 5 only)	$ 565,000
HB2003 Funds	$ 952,129
Total	**$3,801,574**

Funding Training for Collaborating State Agencies

In the past year ADHS extended training beyond the T/RBHAs in order to promote coordination of care to meet the behavioral health needs of Title XIX children and families who are served by multiple state agencies. Using the remaining HB2003 training money, ADHS allocated:

§ $120,000 (effective 2/15/05 through 12/31/05) to the Department of Economic Security (DES) for:

- Training CPS supervisors and workers in critical thinking skills and related coaching for supervisors surrounding their safety decision-making process on behalf of children and to make efforts to integrate the safety decision making process into team decision making. In support of this training effort, ADHS developed a CPS Core Training Module directed at CPS workers and supervisors to explain the Title XIX Children's Behavioral Health System and the connection to CPS, review the 12 Principles, explain the CFT process and CPS' role in that process and review other resources and service options.
- Providing selected CPS staff with intensive train-the-trainer preparation conducted by the National Child Welfare Resource Center for Family Centered Practices using the "Ensuring Family Centered Practice through Supervision" curriculum.

§ $819,173 (effective 1/27/04, amended 3/8/05, through 6/30/06) to the Arizona Department of Juvenile Corrections (ADJC) for:

- Training to enhance the understanding of juvenile offenders by cottage and community staff in the areas of substance abuse, mental health symptoms, criminal behavior of youth with mental disorders, utilization of daily intervention strategies, behavior changes and management issues associated with mental health disorders.
- Training for ADJC staff to support violent/chronic sex offender treatment and gender specific treatment approaches
- Training parent leaders using the ADHS Office of Children with Special Health Care Needs Model to assist ADJC in representing children served by the agency at community meetings, social service planning, public health, education and other community issues.
- Providing support and vocational training to approximately 75 girls who are transitioning from secure care into the community.

In its 2/8/05 status report ADJC states that as an outgrowth of the ISA:

- 70 percent of ADJC Community Services Staff have been trained in and are participating in the CFT process.
- ADJC has collaborative agreements with RBHAs in six counties to coordinate activities around the implementation of the CFT process.
- Initial focus has been on developing CFTs for those youth in ADJC's Mental Health Special Treatment units and those who have been committed to the Arizona State Hospital.
- ADJC has three providers who offer functional family therapy (FFT) in eight counties. 79 ADJC youth have been referred to receive FFT services.

Respite Care:

Settlement Agreement Paragraph 17(b) add respite to the list of covered services as described in paragraph 40.

§ ***#40 requires AHCCCS to add respite care to its list of Title XIX covered behavioral health services within 30 days of the entry of the Settlement agreement.***

The Settlement obligation to add respite care to the list of Title XIX covered behavioral health services was addressed by ADHS in July 2000, when in-home respite services were added to the list of AHCCCS covered services for members enrolled in the ADHS Title XIX behavioral health system. Coverage of respite services was further augmented by adding coverage of out-of-home respite and expanding the type of providers allowed to provide respite services (October 2001)[11]. Since then coverage of respite, availability and utilization of respite services for class members has steadily increased over time as reflected in the table below. (Keep in mind that provision of other behavioral health services can sometimes also have the incidental effect of providing rest and relief for caregivers – the precise purpose for which respite services are primarily used.)

Total Respite Expenditures/Incidence of Respite Encounters for Children

Time Period	Expenditure for respite	% of enrolled children showing encounters for respite
July 1-2001-June 30, 2002	$ 368,961	1.8%
July1-2002 -June 30, 2003	$1,996,095	4.2%
July1-2003 -June 30, 2004	$2,274,569	4.6%
July1-2004 -June 30, 2005	$3,255,637	7.7%

[11] These actions are discussed in more detail in prior years' Annual Action Plans (2001-2004).

Specialty Providers:

Settlement Agreement Paragraph 17(c) devise and implement a means of allowing RBHAs to contract with certified Masters level behavioral health professionals as described in paragraph 41.

- ***#41 In order to increase the supply of specialty providers (including those who treat sexual victims, sexual offenders and individuals with developmental disabilities), the Defendants are required to within 120 days of the entry of the Settlement Agreement, to devise and implement a means of allowing RBHAs to contract with certain Masters level behavioral health professionals (who meet the specific privileging requirements established by) to provide behavioral health services and independently invoice for services rendered. These professionals are Certified Independent Social Workers, Certified Professional Counselors and Certified Marriage and Family Therapists.***

Prior to the signing of the Settlement Agreement, ADHS in collaboration with AHCCCS successfully met this Settlement Obligation by changing program requirements to allow certain certified and specially qualified masters level professionals (i.e. certified independent social workers, certified professional counselors and certified marriage and family therapists who specialized in areas such as attachment and bonding disorders, post traumatic stress disorders, sexual abuse victims, sexual offenders, adoption and eating disorders) to register with AHCCCS and bill independently. In 2002 AHCCCS and ADHS, in an effort to further expand the means by which masters level practitioners could bill independently for services, began to allow *all* qualified independent masters level certified practitioners to register with AHCCCS -- not only those with documented specialties. These activities related to Masters level behavioral health professionals are discussed in more detail in prior years' Annual Action Plans (2001-04).

Expansion of Title XIX Services:

Settlement Agreement 17 Paragraph(d) expand Title XIX services as described in paragraphs 42-45

- ***#42 requires consultant retained by the Defendants to advise them as to additional services that may be covered by Title XIX funds and to provide an assessment whether including these additional services in Arizona's Title XIX plan would aid the behavioral health system in providing services in accordance with the 12 Principles.***
- ***#43 requires Defendants, by August 1, 2001, to evaluate whether providing additional Title XIX services identified by consultant would aid the behavioral health system in providing services in accordance with the 12 Principles.***
- ***#44 If Defendants determine additional services are required to operate the behavioral health services, requires the Defendants, if necessary, to add these services to the Title XIX State Plan, seek CMS approval and/or seek additional state match.***
- ***#45 requires Defendants to evaluate on ongoing basis whether additional services should be added to the State's Title XIX plan and seek steps to add the services.***

The Settlement obligations to assess the need for and the potential positive impact of adding new Title XIX services to the behavioral health system were completed by ADHS in 2001. As a result of this evaluation effort, 11 new services were added to the behavioral health covered services array (effective 10/03/2001). Activities associated with meeting these obligations (i.e. Paragraphs #42-44) are documented in prior years' Annual Action Plans (2001-2004).

In compliance with the obligation set forth in Paragraph #45, ADHS continues to evaluate the need for additional Title XIX services and/or enhancements and modifications to currently covered Title XIX services, taking the necessary steps to implement any needed improvements in the covered service array. The ADHS Clinical Coordinator's Committee[12] is responsible for ensuring that the current covered behavioral health service array is effective in meeting the needs of individuals being served in the behavioral health system. As covered service issues are identified, the Committee evaluates the best way to address the issue (e.g. Is there a need for additional services? Should changes be made to existing service standards and requirements?) Once approved by the Committee, minor changes can generally be made through a simple modification to the information technology system (e.g., claims edits) and/or the Covered Behavioral Health Services Guide. For more substantive changes, ADHS solicits input from key stakeholders and, if appropriate, a white paper is prepared and submitted to AHCCCS for review and approval, prior to implementing the change.

During the period for this Annual Action Plan, a number of enhancements have been made to the covered service array in order to better meet the needs of class members and their families:

- In order to be able to increase the number of qualified tribal Therapeutic Foster Homes, tribal providers who are certified and approved by the Center for Medicare and Medicaid Services to provide services in lieu of DES or OBHL licensure are now allowed to provide therapeutic foster care services.

- A 2/7/05 change was made to the Covered Behavioral Health Services Guide to allow multiple providers to bill for services delivered at the same time. This flexibility in billing was made to address situations such as CFT meetings in which multiple entities may need to participate/bill at the same time (e.g., family support, provider agency).

- As a result of a rate review conducted of select covered services on the fee-for-service schedule, a number of the covered service rates were increased effective 7/15/05. Many of the services for which the rates increased were for services that are frequently utilized by the class members and their families. These services include: office, home and out-of-office counseling and therapy with and without the client present; office group counseling; behavioral health prevention, promotion and education services; medication training and support; individual and group peer support; skills training and development; and living skills.

[12] The membership and general responsibilities of the Clinical Coordinator's Committee is described in the Quality Management/Utilization Management Annual Plan.

Flex Funds

Settlement Agreement Paragraph 17(e) designate $600,000 for use as flex funds as described in paragraphs 46-47.

- ***#46 requires ADHS, within 30 days of entry of this Settlement Agreement, to designate the $600,000 for flex funds, which may be spent over a period of years and shall me used for class members being served in the 300 Kids Project or similar project.***
- ***#47 requires flex funds to be used to provide supports and services to class members and their families that are not Title XIX reimbursable and for services and supports funded by flex funds to be provided in accordance with the child's individual service plans.***

Since 2001, the amount of money ADHS has allocated for provision of flex fund services has been well in excess of the Settlement requirement that $600,000 be designated over a period of years (paragraph #46). Documentation regarding previous years' funding is available in prior years' Annual Action Plans (2001-2004).

During this past year, ADHS continued to support and promote the use of flex funds to pay for non-Title XIX supports and services needed by class members and their families. For SFY 2005 (7/04 - 6/05) a total of $729,700 was allocated to RBHAs for the provision of flex fund services. For SFY 2006 (7/05 - 6/06) the total allocation for flex funds has been increased to $875,000. The 20 percent increase in flex funds includes a $124,000 increase to the RBHAs and an additional $20,500 in new flex funding for the three TRBHA (Navajo Nation, Pasqua Yaqui, and Gila River Indian Community).

Allocation of Children's Flex Funds for SRY 2005 and 2006 by T/RBHA[13]

T/RBHA	Children's Flex Fund Allocations	
	SFY 2005	SFY 2006
ValueOptions	$458,171	$458,500
NARBHA	$ 67,938	$ 87,000
GSA-2 (EXCEL/Cepatico)	$ 27,947	$ 33,500
GSA-4 (PGBHA/Cenpatico)	$ 30,043	$ 52,500
CPSA5	$114,200	$177,500
CPSA3	$ 31,401	$ 45,500
Gila River	--	$ 8,000
Navajo Nation	--	$ 5,500
Pasqua Yaqui	--	$ 7,000
Grand Total	$729,700	$875,000

In order to ensure that flex funds are effectively used to provide supports and services to class members and their families that are not Title XIX reimbursable in accordance with the child's

[13] Flex funds for TRBHAs are allocated from state-appropriated general funds, while flex funds for the remaining RBHAs are allocated from federal Children's Mental Health Block Grant funds.

individual service plans (paragraph #47), ADHS had previously set forth service definition and standards related to flex fund services in its Behavioral Health Covered Services Guide. During this past year ADHS:

- Added a definition of flex funds and a new section (3.13.7-B) on flex fund procedures to the Provider Manual, effective 10/1/05. Flex funds can be "utilized to purchase any of a variety of one-time or occasional good and/or services needed for enrolled persons and their families, when the goods and/or services cannot be purchased by any other funding source, and the service or good is directly related to the enrolled person's service plan."

- Reviewed flex funds protocols for ValueOptions, CPSA, Cenpatico, and NARBHA. For those areas where protocols were found to be inadequate, ADHS has issued letters directing those RBHAs to strengthen their protocols to ensure that they conform to the Provider Manual requirements. ADHS will be monitoring the implementation of the protocols during the coming year. Moreover, ADHS continued to review and approve all expenditures over $1,525 as required in the Provider Manual.

- Provided internal ADHS personnel with in-depth training about the use of flex funds in August 2005 so that customer assistance can effectively support the effective use of these special resources on behalf of enrolled members.

ADHS was recognized nationally for its flex fund program for children, and was asked to present the Arizona approach to funding non-Title XIX covered support services at a regional meeting of 15 federally-funded Children Mental Health Services (CMHS) system of care grant communities in Sacramento, California on 8/8/05.[14]

Medication Practices

Settlement Agreement Paragraph 17(f) develop practice guidelines for the monitoring of medications as described in paragraph 48.

- ***#48 requires Defendants to develop practice guidelines which for monitoring and addressing the effects of medications. These may be incorporated into practice guidelines addressing other matters.***

This Settlement obligation to develop practice guidelines for monitoring of medications was met by ADHS with the adoption of a new practice improvement protocol in 2003- "*Protocol #1 – The Use of Psychotropic Medication in Children and Adolescents*" and a new Technical Assistance Document in 2004 – "*TAD #8: Informed Consent for Psychotropic Medication.*" In addition to providing training on these new practice guidelines, ADHS also incorporated these guidelines into its Division policy manual and subsequently into its new Provider Manual.

[14] The presentation made at that meeting, "Flex Funds: Thinking Outside the Box to Maximize Resources," has been subsequently published in the *Technical Assistance Partnership for Child and Family Mental Health Newsletter*, September, 2005 (http://www.tapartnership.org/news/sept05/field.htm).

Specific activities associated with meeting this obligation are further discussed in prior years' Annual Action Plans (2002-2004).

As part of its ongoing effort to foster the development of a children's behavioral health system that delivers services according to the 12 Principles (i.e., Principle related to best practices), ADHS has continued to monitor the incorporation of these practice guidelines by service providers and, as appropriate, has implemented or is developing interventions to improve the appropriate use of medications. ADHS issued, for example, a policy clarification memorandum surrounding informed consent issues related to children in state custody (5/2/05).

300 Kids Project

Settlement Agreement Paragraph 17(g) initiate a 300 Kids Project as described in paragraphs 49-51.

- ***#49 requires to initiate a 300 Kids Project in 2 sites – one must be in Maricopa County serving approximately 200 multi-agency children. These sites must engage intensively in system improvement activity***
- ***#50 states the purpose of the two site is to 1) test strategies for providing services according to the 12 Principles and 2) serve as first phase of statewide effort to provide services according to the 12 Principles.***
- ***#51 requires each site to provide sufficient training and mentoring, establish mechanisms to identify and address system barriers, identify mechanisms to address service gaps, make flex funds and wraparound services available, ensure there is enough time for training, case planning and collaborative team involvement and provide enough flexibility for CFT to secure necessary services.***

The 300 Kids Project was begun in the spring of 2001 in Maricopa County and in Northern Arizona. In January 2003, based on "lessons learned," the strategies, which focus on the utilization of Child and Family Teams, were ordered by Gov. Janet Napolitano to be expanded statewide. A more in-depth discussion of the 300 Kids Project can be found in prior years' Annual Action Plans (2001-2004).

ADHS and AHCCCS have continued to foster and develop the strategies that were initially implemented as part of the 300 Kids Project in its ongoing efforts to ensure that the children's Title XIX behavioral health system is based on the 12 Principles. Examples of this ongoing work can be found throughout this Annual Action Plan.

Substance Abuse Services

Settlement Agreement Paragraph 52: Using information gained from 300 Kids Project, the Training Program and the Quality Management and Improvement System, the Defendants will develop a plan for the expansion of substance abuse treatment services as part of its first Annual Action Plan.

A plan to expand substance abuse services including specific regional action plans was developed in October 2001 and was included as part of ADHS' first Annual Action Plan prepared in November 2001.

ADHS has subsequently continued to foster and develop the strategies to ensure that the Children's Title XIX Behavioral Health System is based on the 12 Principles (e.g. development of a Practice Improvement Protocol on substance abuse treatment in children, and inclusion of a section on substance abuse in it standardized statewide assessment tool since 1/1/04).

During 2005 ADHS applied for and was awarded a federal grant, effective August 1, 2005, to expand and coordinate substance abuse services available for children, adolescents and young adults (ages 12-24) statewide. This three-year, $1.2-million grant is being implemented with the guidance of the Children's Best Practices subcommittee, and is focused on the identification, development and spread of evidence-based and other best treatment practices, predicated on active involvement by all RBHAs, by service providers, family representatives and child-serving system partners.

As an early manifestation of this grant-supported effort, two significant training events were funded by the Child and Adolescent Statewide Infrastructure Grant as part of two RBHAs' Workforce Development plans. Embracing a diverse cross-section of community stakeholders and behavioral health professionals, these two events focused on the serious epidemic of methamphetamine abuse in southwestern United States, featured state and national leaders in effective community mobilization intervention strategies, were well-attended and enthusiastically received within the NARBHA and CPSA regions during September 2005.

Annual Action Plan

Settlement Agreement Paragraph 17(h) develop annual action plans, as described in paragraphs 49-51.

- ***#53 requires Defendants by November 1 of each year to provide Plaintiffs an Annual Action Plan that will describe major strategies and activities that Defendants will employ over the coming year to meet their obligations under the agreement***
- ***#54 required plan, at a minimum, to describe 1) Defendants' progress during the previous fiscal year and 2) strategies and activities relating to each of the obligations.***

This fifth Annual Action Plan is submitted in continued compliance with Paragraphs #53 and #54 of the JK Settlement Agreement.

Quality Management and Improvement System

Settlement Agreement Paragraph 17(i) Defendants will change their quality management and improvement system as described in paragraph 55.

#55 requires the Defendants to change their quality management and improvement system so that it measures whether services are consistent with and designed to achieve the 12 Principles. The measurement process must include in depth case review of a sample of cases (including interviews of relevant individual in the child's life). Lessons learned from the training program and 300 Kids Project must be used to make changes and prior to using consultants to help in the design, Plaintiffs must be notified and their input considered regarding the qualifications of the consultants.

As discussed in previous Annual Action Plans (2001-2004) ADHS has made major changes to the basic structure of its quality management and improvement system in order to be consistent with the 12 Principles (e.g., establishment of new performance measures, implementation of performance improvement projects, and inclusion of new standards in its annual RBHA compliance reviews). During 2004-05 ADHS has continued to refine and develop its quality management and improvement system, particularly as it relates to the development of processes for measuring whether children's behavioral health services are consistent with and effectively fulfilling the 12 Principles. Additionally, as opportunities for improvement are identified, ADHS has continued to implement appropriate performance improvement processes.

New Performance Measurement Tools

In addition to the methodologies ADHS already has in place for measuring performance (e.g. Independent Case Review, member satisfaction survey), ADHS developed and, effective 10/1/05, has now implemented two data collection methodologies for measuring and improving the children's behavioral health delivery system. Both methodologies are specifically focused on elements of practice consistent with the 12 Principles, including effectiveness over time measured through the CFT process. These methodologies were developed by a JK Quality Management workgroup that, as part of the previous Annual Action Plan, included the active participation of a diverse group of stakeholders (e.g. Plaintiff's counsel, AHCCCS, T/RHBAs, providers and families). Prior to implementation conducted a pilot in three regions of Arizona, modified and documented user instructions based on the pilot, secured review and approval by consultant John VanDenBerg PhD, and then furnished T/RBHA personnel with training on their appropriate applications.

§ Functional Outcomes Measures for Children Age 6 and Over. ADHS has revised its Client Information System (CIS) to collect data related to the following functional outcomes for children age 6 and over, specifically identified in the Arizona Vision and included under the Principle related to functional outcomes:

- Achieve success in school;
- Live with their families;
- Avoid delinquency;
- Become stable and productive adults;

- Stabilize the child's condition;
- Minimize safety risks

The CFTs are responsible for completing this functional outcomes assessment process during the initial 45-day assessment period, and every six months thereafter for as long as the child is enrolled in the system. The process will also be completed at disenrollment.

A comparable set of outcome indicators and descriptors, tailored to infants, toddlers and their families, will be completed and implemented statewide through these same CFT and CIS processes by the end of 2005.

§ Child and Family Team Process Measurement Tool. The purpose of this tool is to evaluate the T/RBHA's adherence to the 12 Principles. This objective data on CFT performance in turn will help the T/RBHAs/providers focus practice improvement efforts on specific areas of need. Each quarter the T/RBHA's will complete a review[15] of a statistically representative number of cases, based on a pool of the current number of functioning CFTs. Data will be collected through family interviews and chart reviews. Beginning January 2006, T/RBHAs will report their data and analyses to ADHS. ADHS, as part of its quality management audit activities, will conduct a "look behind" of sample cases to validate the process and data provided by the T/RBHAs.

Compliance Audits

During 2004-2005, ADHS continued to measure T/RBHA compliance with performance measures and contractual requirements through:

1) annual administrative review process and
2) the annual independent case file review.

One substantive change has been made in the annual administrative review process as is relates to the Settlement Agreement. For the first time this past year, included in its 2004 Annual Administrative Review of the T/RBHAs a specific standard to evaluate whether each T/RBHA operates its behavioral health system in accordance with the Principles set forth in the JK Settlement Agreement. To measure compliance, the review looks at whether the T/RBHA has:

§ Trained on and implemented effective practice improvement protocols;
§ Trained and coached system staff, partners and families to operate in accordance with the 12 Principles;
§ Improved effectiveness of barriers identification, resolution and feedback processes.

As 2004 was the first year for this standard, findings were recorded but not scored.[16] During the

[15] From 10/1/05 through 6/30/05 ValueOptions is using an expanded version of the CFT Process Measurement Tool. After 6/30/05 a single tool will be selected and used statewide.
[16] In 2004 reviews were conducted on all T/RBHAs except ValueOptions. ADHS held a 2-day JK Planning Session that included and ValueOptions staff, Plaintiff's counsel and family members. Areas for practice improvement were identified and next steps were developed.

2005 Administrative Annual Review, which is currently being conducted, this same standard is being scored, results will trigger corrective action or improvement plans when indicated, and findings will be reported in next year's Annual Action Plan report.

Performance Improvement – Supervision

Effective October 1, 2005, the proficiency gains for all new CFT facilitators are now monitored using a consistent statewide supervision tool developed by the JK Quality Management workgroup earlier in 2005. Since the tool focused on targeted skill areas related to the 12 Principles, its application will provide:

- Supervisors a way to measure employee progress toward achieving proficiency in targeted skills through the CFT process;
- A mechanism to support a clear standard that defines "a person trained to facilitate the CFT process;"
- A means to document progress in areas identified as opportunities for improvement;
- Employees and supervisors criteria by which to regularly evaluate job performance of clinical liaisons and other team facilitators relative to the 12 Principles; and
- A means by which to determine the effectiveness of the CFT training.

Four data sources (supervisor observation, family feedback, chart review and self evaluation) are now used to complete this ongoing evaluation of CFT facilitators. Facilitators will be judged proficient when they have achieved a score of 3 (using a 1-5 rating scale) in each of the targeted skill areas. Once proficiency is achieved, a record of the tool will be put in the employee's personnel file. ADHS will do spot checks to determine T/RBHA proficiency rates.

Performance Improvement Projects

Through its data collection and quality management activities, ADHS continues to identify specific areas for focused performance improvement efforts to achieve measurable improvements in care. During 2004-2005 ADHS worked on six performance improvement projects, one which was specific to children, and the others addressing improving processes for both child and adult populations. Following is a brief description of these projects and activities completed during 2004-2005:

§ Birth to Five Assessment: The purpose of this project was to develop a comprehensive assessment for children from birth to age 5 in order to improve the quality of care provided to this age group. Begun in October 2003, a workgroup consisting of clinicians, physicians, parents and other stakeholders developed a tool which was piloted in the fall of 2004. Based on the results of the multi-region pilot, the tool was finalized and implemented statewide on 10/1/05. Prior to implementation, statewide training was conducted as previously outlined. Additionally, the workgroup has continued to meet to discuss next steps, including developing a survey to solicit feedback from practitioners on their satisfaction with the tool, and to address how best to assure that the child and family needs identified through application of the assessment process are, in fact, substantially addressed.

§ Follow-Up After Hospitalization for Mental Health Illness: The purpose of this project was to increase the percentage of Title XIX members (including children) receiving outpatient behavioral health services after hospitalization for mental illness, with the goal of reducing re-admissions. Activities this year focused on evaluating the success of those outpatient interventions and supports.

§ Reducing the use of Seclusion and Restraint: The purpose of this project was to reduce the number of seclusion episodes and restraints used in inpatient settings by five percent annually, beginning in January 2004. Activities this year focused on evaluating the success of the interventions that had previously been implemented, and revealed that the project goal had been achieved.

§ Access to Care: The purpose of this project was to increase the availability of appointments for an initial assessment within seven days of referral for Title XIX members (including children). Re-measurement results for the period October 2003 through June 2005 demonstrated substantial improvement with minimal compliance standards being met by most RBHAs. An ADHS Access to Care workgroup will continue to review data and determine strategies to sustain and improve compliance.

§ Informed Consent for Psychotropic Medication Prescription: The purpose of this project was to increase the number of members (including children) who have current, documented informed consent in their charts when prescribed psychiatric medications. The 2004 Independent Case Review results demonstrated an overall statewide increase in the compliance rate for children. The Informed Consent Workgroup will continue to meet to review results and make additional recommendations for improvement in order to meet the project goal.

§ Psychotropic Medication: The purpose of this project is to improve the quality of psychiatric services provided to members (including children) who are prescribed multiple psychotropic medications. During the past year an ADHS work group was formed which analyzed possible causes, researched possible solutions and developed a plan of action. This has included developing a draft TAD on appropriate use of poly-pharmacy, and the development of outcomes measures to be used in the 2005 Independent Case File Review.

Stakeholder Participation:

Settlement Agreement paragraph 17(j) Defendants will involve Plaintiffs' counsel and other stakeholders as described in paragraph 73 and 74

§ ***#73 requires Defendants to: encourage active involvement of Plaintiffs' counsel in multi-agency committees and workgroups, seriously consider input from Plaintiff's counsel but not need to obtain Plaintiff's concurrence, forward significant plans and policies to Plaintiffs prior to final adoption, allow Plaintiffs' counsel reasonable access to information and documents compiled by quality management and improvement system, and allow Plaintiffs' counsel reasonable access to case records of class members.***

§ ***#74 requires the Defendants to encourage active involvement of class members and families, community stakeholders, RBHAs, DES and AOC and private providers in planning and evaluation activities related to the implementation of the Settlement.***

As in prior years, ADHS and AHCCCS continue to engage stakeholders, including T/RBHAs, providers, other state agencies, community and family members, and the Plaintiffs' counsel, in the planning, implementation and evaluation of strategies and activities specifically undertaken to fulfill the obligations in the JK Settlement Agreement. As part of these ongoing efforts ADHS continued this past year to:

- § Send out draft copies of all policies, protocols and other relevant program change documents (e.g. practice improvement protocols, technical assistance documents, the Birth-to-Five Assessment Tool) to stakeholders for their review and input prior to implementation.
- § Ensure inclusion of stakeholders on a wide variety of committees/workgroups established to review, monitor and improve various aspects of the children's behavioral health systems, including in the evaluation of proposals during the RFP process that led to award of contracts for greater Arizona RBHAs effective 7/1/05.
- § Require the T/RBHAs, through their contracts, to develop joint protocols between themselves and all major child-serving stakeholders; and to proactively communicate information to members and families, service providers and stakeholders to foster an understanding of the behavioral health system.

Specific examples of stakeholder involvement on various committees and workgroups that met during 2004-2005 are provided below and have been grouped into:

- § committees involving stakeholders (ongoing committees/meetings and issue /project specific committees); and
- § T/RBHA committees involving stakeholders.

2004 - 2005 Committees Involving Stakeholders

<u>Ongoing Committees/Meetings</u>

- § ***Arizona Children's Executive Committee (ACEC).*** This advisory committee meets monthly and includes representation from across child-serving systems (with frequent attendance by the Plaintiffs' counsel), with a focus on improving coordination and collaborative efforts, and discussing and resolving system barriers. During 2004-2005 ACEC focused on increasing family involvement with all child-serving systems and served as the advisory committee for the State Infrastructure Grant (SIG). ACEC has two active subcommittees: 1) the Family Involvement Subcommittee, required to have 51 percent family representation, which facilitates collaborative efforts between child serving agencies, family representatives and organizations to develop meaningful family involvement and 2) the Clinical Subcommittee, which seeks to develop and publish cross-

system clinical consensus about treatment and support issues that apply to multi-system children and families.

- Ø The Family Involvement Subcommittee was involved in preparing and presenting a training at the Foster Care Training Conference held March 12th, 2005. This training focused on utilizing the Child and Family Team to help bring birth parents into the team process when making plans around children placed in foster care. The Subcommittee's larger purpose is to support and encourage family involvement and partnership with behavioral health at all levels of the behavioral health system.

- Ø The main focus of the Clinical Subcommittee has been the development of an understanding of the unique needs of children in foster care. This work resulted in Practice Improvement Protocol #15; "The Unique Behavioral Health Service Needs of Children Involved with CPS." The Subcommittee is currently planning the training "roll out" for this PIP (see Annual Action Plan section of this document).

§ ***ADHS/RBHA Children's Leadership Meetings.*** **ADHS** and T/RBHA representatives meet every second month to discuss implementation of the JK Annual Action Plan strategies. Early in 2005 the directors of two independent family-run organizations, MIKID and Family Involvement center, accepted ADHS' invitation to become full-fledged members of this statewide leadership group.

§ ***ADHS Best Practice Subcommittee for Children.*** **ADHS**, AHCCCS, T/RBHA, provider representatives and family members meet quarterly to identify areas for developing or updating clinical guidance, monitor application of best practices in each T/RBHA, conduct focus groups with consumers and families, implement process to get best practices implement and use Higher Education Partnership to spread best practices knowledge. The current focus of this group is in the area of substance abuse treatment. This subcommittee is targeted for integration with the Clinical subcommittee of the Children's Executive Committee to more effectively support the development of a truly integrated system of care for children and families across all major state child-serving agencies.

§ ***Plaintiff's Counsel Quarterly Status Meetings.*** ADHS, AHCCCS, T/RBHAs, family representatives and Plaintiffs' Counsel meet at least quarterly in order to collectively review progress in implementing the JK Settlement Agreement and to identify next steps.

§ ***Cultural Competency Committee.*** ADHS, along with T/RBHA and provider representatives, meet monthly to promote the embedding of cultural competence tenets and tools throughout the behavioral health system.

§ ***Behavioral Health Planning Council.*** ADHS, providers, consumers, family members, tribal representatives, advocates, behavioral health professionals and state agency representatives meet monthly to monitor and evaluates adequacy of behavioral health services and advocate for children as well as adults with behavioral health needs.

§ ***JK Committee.*** Set forth in the new 2005 Quality Management and Utilization Management Annual Plan, this new committee, which will includes family members and individuals receiving services, is responsible for reviewing information regarding practice according to the 12 Principles, and then making recommendations for practice improvement activities to the ADHS Quality Management/Utilization Management Committee.

In addition to convening the committees/meetings listed above, ADHS also participates in the ***Maricopa County Collaborative*** and the ***Pima County Children's Council***, two robust local leadership groups that meet monthly to look at ways to coordinate children behavioral health services across systems in the two most populous counties of Arizona. [A JK Plaintiff's Counsel representative frequently participates in the Maricopa County Collaborative.] ADHS likewise participates in the ***Northern Arizona Regional Children's Council***, a similar local group that meets on a quarterly basis.

Issue/Project Specific Committees

§ ***Process Improvement Workgroups.*** ADHS established a distinct workgroup to oversee each performance improvement projects described in the quality management section of this report. These workgroups include representatives from ADHS, T/RBHAs, providers and other stakeholder groups as appropriate. For example, an Infant and Toddler Assessment Project Workgroup was created to develop a uniform assessment tool and service planning process for children birth to age five. Workgroup members included T/RBHAs, ADHS, CPS, DES, providers, and families.

§ ***JK Quality Management Workgroup*** was established to develop the Child and Family Team Performance Measurement Tools that are described in the Quality Management section of this Report. Workgroup members include ADHS, JK Plaintiffs' counsel, AHCCCS, T/RBHAs, service providers and families.

§ ***Therapeutic Foster Homes Workgroup*** was established to develop a Practice Improvement Protocol and address other key elements of successfully placements, programming and return to family. Workgroup members included , T/RBHAs, families, and DES. The workgroup developed the training approach that was reflected in ADHS' statewide training in support of the PIP during March and April 2005.

§ ***"Kids in Detention" Workgroup*** was established in partnership with AHCCCS, the Administrative Office of Courts and Maricopa Co. Juvenile Probation Department to develop the process, now memorialized in Technical Assistance Document #6, by which youth in certain circumstances remain eligible to receive behavioral health services through the RBHAs' Title XIX program even when they are in juvenile detention settings.

2004-2005 T/RBHA Committees Involving Stakeholders

CPSA 3 and 5

- Have the following committees which involve active stakeholder participation: Pima County Children's Council, CPSA Substance Abuse Steering Committee, Coordination of Care Meeting, and Committee on Mentally Ill Children in the Juvenile Justice System; and
- Have the following meetings with key child-serving agencies- monthly CPSA/DES-CPS meetings, Collaborative Case Review meetings with CPS, DDD quarterly meetings, and ADJC quarterly meetings.

ValueOptions

- Has the following committees which involve active stakeholder participation: Community Advisory Board, Quality Improvement Steering Committee, Cultural Competency Committee, Clinical Advisory Committee, Maricopa Consumer Advisory Council, Local Credentialing Committee, Children's Subcommittee Substance Abuse and General Mental Health Subcommittee; and
- Has an extensive array of regular meetings with all key child-serving systems.

NARBHA

- Has the following committees which involve active stakeholder participation: Children's Behavioral Health Council of Northern Arizona, and Family Leadership Council; and
- Has the following meetings with key child-serving agencies – bi-monthly meetings with DES-ACYF and DDD, quarterly meetings with AOC and ADJC

Cenpatico

- Has the following committees which involve active stakeholder participation: Advisory Councils in Yuma, Parker, Coolidge, Globe, Payson, Children's Executive Committee, Family Involvement Subcommittee, Community Outreach Coalition in Payson.

Annual Action Plan

Introduction

In November of 2001, the Arizona Department of Health Services (ADHS) and the Arizona Health Care Cost Containment System (AHCCCS) provided the first Annual Action Plan to Plaintiff's Counsel under the Jason K. (JK) Settlement Agreement. Under the JK Settlement Agreement, ADHS and AHCCCS are required to meet the obligations[17] over a six-year period, ending in July 2007.

Today ADHS and AHCCCS present the Fifth Annual Action Plan under the JK Settlement Agreement. ADHS is committed to the successful implementation of the strategies described in this Annual Plan. ADHS strongly believes the activities and overall system structure outlined for the coming year are vital to the further development and sustainability of a high-quality system predicated on the foundation of the 12 Arizona Principles.

An intentionally high-level plan is described in the attached work plan, and Plaintiff's Counsel is informed that ADHS plans to meet with each T/RBHA and their associated network providers by the end of this calendar year in order to educate them about the Annual Plan and the associated expectations related to the JK Settlement for the upcoming year. Each T/RBHA will then be expected to develop and implement its own region-specific work plan (that is, two separate plans for CPSA's two geographic service areas (GSA), and two for Cenpaticos's two GSAs). The T/RBHAs will, in turn, require their service providers/networks to develop and implement congruent provider-level operational plans. ADHS will monitor the RBHA/GSA plans on a regular basis.

The focus areas for this Fifth Annual Action Plan were identified through a series of brainstorming sessions, focus group and other work sessions involving family members, youth, and representatives from AHCCCS, ADHS, Plaintiff's Counsel, the RBHAs, various service providers and other child-serving systems (June 13-15, 2005; August 24-25, 2005; October 18 and 20, 2005). Program data was analyzed and shared by ADHS with the participants to support their brainstorming and planning.

Through the "300 Kids Project" pilot, ADHS and AHCCCS have been able to successfully develop a practice approach designed to actualize the Arizona Vision and 12 Principles. For example, Arizona now reports approximately 12,665 functioning Child and Family Teams (CFTs)[18] for members of the JK Settlement plaintiff class, as well as significant expansions in service system capacity and substantial investments in training and coaching of personnel. The broad consensus of input shaping this Fifth Annual Action Plan supports the recognized need to emphasize at all levels of the behavioral health system the clear rationale behind the Arizona Vision and 12 Principles. These concepts must be internalized at all levels so that they reliably serve to drive daily practice, decision-making and operations by a skilled workforce.

[17] Those obligations are set forth in Section III, paragraphs 14 through 17, and the specific actions are described in paragraphs 32-55 and 73-74.
[18] Reported by T/RBHAs as of 9/30/05.

Four fundamental and pervasive dimensions are appreciated, as they relate to the goal of embedding the 12 Principles into the children's behavioral health system:

1) Establishing a trusting relationship with each child and family (engagement);
2) Understanding each child and family by identifying their strengths, needs and important cultural considerations;
3) Creating an individualized plan of service that meets the needs of the child and family; and
4) Implementing, monitoring and modifying the individualized plan as necessary to produce successful outcomes for the child and family.

Over the next twelve months and beyond, ADHS, AHCCCS, the T/RBHAs, behavioral health service providers and other partners will support the continual development of a behavioral health system that delivers services according to the 12 Principles. Although timelines and/or specific tasks may require minor adjustment if unforeseen issues arise, and to respond to specific data about system performance, ADHS will maintain its overall direction and is committed to fully implement the objectives described below and detailed in the attached work plan.

1. **Strengthen the utilization of natural supports.**
   ADHS and the T/RBHAs will ensure the optimal use of natural supports in service planning, treatment and support by identifying strong examples of the use of natural supports and sharing this information with families and their Child and Family Teams. Further, ADHS will continue implementation of its stigma reduction campaign as outlined in its Strategic Plan 2005-2009, as negative stigma is believed to be a barrier in optimizing the use of natural supports. ADHS will also continue participation in Arizona's Community Development Initiative.

2. **Research weaknesses within the current Child and Family Team process using quality assessment tools and implement action steps to improve the quality of the Child and Family Team process.**
   ADHS will use CA-SIG funding as appropriate to develop and provide additional training, coaching, and mentoring for RBHAs and their provider staff based on identified areas for improvement. Family-friendly materials related to the Child and Family Team Process, to aid them in using the CFT process advantageously, and in navigating the overall system, will be created and distributed. These materials and new training approaches will assist family members in leading their Child and Family Team. In addition, workforce retention factrors will be identified, and ADHS will work through the Higher Education Partnership to further develop workforce capacity and quality.

3. **Strive to implement "Best Practice" approaches statewide.**
   Best Practice approaches will include: implementing and monitoring the birth to five assessment, continuing to participate in the National Wraparound Initiative, enhancing and training on the Practice Improvement Protocol entitled "The Unique Behavioral Health Service Needs of Children Involved with CPS", and encouraging increased participation by families and youth in trainings.

4. **Develop and implement additional statewide training programs.**
   ADHS will address staff training needs related to meeting the needs of (a) children involved with CPS, (b) children age birth to five, and (c) children and adolescents with substance abuse issues, including children involved with juvenile justice.

5. **Monitor the implementation of required trainings.**
   ADHS will review RBHA training for contractual compliance, including training related to Performance Improvement Protocols and Cultural Competency.

6. **Maximize Title XIX funding to provide needed services.**
   ADHS will research funding needs associated with providing additional services for children and families involved with CPS, for children birth to age 5, and for providing telephonic support services.

7. **Monitor the use of Flex Funds.**
   ADHS will review RBHA implementation of approved flex fund protocols,and will continue to review/approve requests for flex funds over $1,525.00.

8. **Review and modify existing guidelines for medication monitoring as needed.**
   ADHS will enhance the current Informed Consent form available for use by providers to better address documentation of target symptoms. The Independent Case Review (ICR) tool will be strengthened to better assess blood work recommendations when certain medications are prescribed. ADHS is currently implementing a Performance Improvement Project addressing polypharmacy concerns, and has been collaboratively working with AHCCCS on a Coordination of Care project aimed at improving communication between primary care providers and behavioral health providers.

9. **Implement statewide quality measurement tools and processes.**
   The Child and Family Team Process Measurement Tool will be used statewide to monitor the CFT process. The data generated from this tool will be carefully analyzed and will guide future quality improvement activities. Although a statewide tool has been developed and approved by Plaintiff's counsel, ValueOptions has chosen to expand upon the tool and has received approval to utilize its expanded tool through June 30, 2006. After that time, ADHS will analyze results from both tools and determine which tool (or, perhaps, a hybrid of the two) will be used statewide from that point forward. Outcome measures for children age 6 and older have also been developed, and outcomes are being tracked every six months. ADHS will develop outcome measures for children age birth to six and begin capturing this data as well. Utilization reports will also be developed and broken out by geographic service area (GSA).

10. **Align existing performance improvement activities with the Arizona 12 Principles.**
    ADHS will calculate access to care measures, analyze complaint data, monitor seclusion and restraint data, and measure follow-up after discharge for Title XIX children. ADHS will also investigate options for validating RBHA-reported CFT capacity.

11. Utilize youth and families to inform the behavioral health system about the quality of practice and services.

ADHS is developing a JK Committee, which will include numerous family members, youth, and other stakeholders. This committee will meet on a monthly basis to review quality management date and make recommendations directly to the DBHS QM/UM Committee.

12. Increase family, consumer and other stakeholder involvement in ongoing quality improvement initiatives.

ADHS plans to expand the membership of the Children's Best Practices subcommittee to include more family and/or youth members.

ADHS and AHCCCS emphasize their shared commitment to further develop and sustain a high quality behavioral health service system predicated on the 12 Arizona Principles. A further demonstration of this commitment is ADHS' establishment of a new "JK Compliance Team" to oversee the implementation and progress of this work plan and the complementary plans to be developed at the T/RBHA (GSA) level.

Paragraph 14: Develop a Title XIX behavioral health system that delivers services according to the 12 Principles.					
2006 Plan Objectives	**Tasks**	**Data Source**	**Responsibility**	**Target Date**	**Completion Status**
Strengthen the utilization of natural supports.	(1) Identify good examples of the use of natural supports by child and family teams; research materials and methods used by prevention programs.	Family Involvement Subcommittee	Bureau for Children's Services	1/31/06	
	(2) Develop and disseminate methods for communicating examples of use of natural supports, based on cultural considerations (e.g. a short video, newsletter to RBHAs/providers); use CA-SIG funding.	N/A	Bureau for Children's Services; Training Unit	6/30/06	
	(3) Continue to implement the stigma reduction campaign in accordance with the ADHS Strategic Plan.	N/A	Bureau of Clinical Services	Ongoing	
	(4) Continue to participate in the Community Development Initiative of Arizona (led by Office of Children with Special Health Care Needs).	N/A	Bureau of Clinical Services	Ongoing	
Research weaknesses in the CFT process, using quality assessment tools, and act to improve the quality of CFT practice statewide.	(1) Use data collected from the CFT Process Measurement Tool to identify areas where additional training/ coaching/mentoring is needed.	CFT Process Measurement Tool	JK Team; QM Operations	1/15/06 and ongoing	
	(2) Develop and provide additional training/training resources/coaching/ mentoring to RBHAs and provider agencies; utilize CMHS Block grant and CA-SIG funding as needed.	N/A	Bureau for Children's Services	1/31/06 and ongoing	

	(3) Research and clarify expected composition of CFTs for low-needs children (once their needs have been fully assessed per protocol). Develop methods to identify if/when needs increase, and how CFT composition should change as a result. Likewise, develop process for prioritizing high-needs kids (juvenile justice, foster care, out-of-home, etc.) within available capacity.	Available literature	JK Team; Office of Medical Director	3/31/06	
	(4) Partner with family/organizations to develop and disseminate family-friendly materials related to the CFT process and how to navigate the system (e.g. "roadmap" that is region-specific and statewide)	N/A	Bureau for Children's Services; Family Involvement Subcommittee	3/31/06	
	(5) Partner with family/organizations to develop methods and materials to educate families to meaningfully participate in/lead their CFTs, and to inform them of all services that could be available to them.	N/A	Bureau for Children's Services; Family Involvement Subcommittee	6/1/06	
	(6) Establish FTE position to monitor provider network sufficiency.	N/A	Bureau of Clinical Services	11/1/05	
	(7) Utilize and enhance the ADHS process to track network sufficiency and monitor access to specialty providers.	Network Monitoring Tool	Bureau of Clinical Services	1/31/06 and ongoing	

	(8) Track turnover/retention rates and instruct T/RBHAs to develop strategies to enhance retention.	N/A	JK Team and QM Operations	1/31/06 and ongoing	
	(9) Participate in the Higher Education Partnership to develop workforce capacity and quality.	N/A	ADHS Policy Advisor	1/31/06 and ongoing	
Paragraph 16: Conform contracts, decisions, practice guidelines and policies related to the delivery of Title XIX behavioral health services in accordance with the 12 Principles.					
2006 Plan Objectives	**Tasks**	**Data Source**	**Responsibility**	**Target Date**	**Completion Status**
Strive to implement "Best Practice" approaches.	(1) Monitor the implementation of the Birth to Five Assessment process statewide.	Birth to Five Assessment Tool	Bureau for Children's Services; QM Operations	7/31/06	Implemented statewide on 10/1/05.
	(2) Develop instructions for ICR to review quality of assessments for children age birth to five.	ICR Tool	Office of the Medical Director; QM Operations	11/30/05	
	(3) Review ICR findings on birth to five assessment process, and implement system improvements.	ICR findings	Bureau for Children's Services; Office of the Medical Director; QM Operations	7/31/06	
	(4) Analyze performance improvement processes within the National Wraparound Initiative for application in Arizona.	National Wraparound Initiative	Bureau for Children's Services	Ongoing	

	(5) Revise Practice Improvement Protocol #15 (The Unique Behavioral Health Service Needs of Children Involved with CPS) to clarify service expectations for family-centered treatment and support.	PIP #15	Bureau for Children's Services	1/31/06	
	(6) Solicit, review, approve, and monitor RBHA/consultants in developing curriculum; complete initial training on PIP #15; complete training; utilize CA-SIG funding.	PIP #15	Bureau for Children's Services	6/30/06	
	(6) Encourage RBHAs and providers to allow interested families to attend/participate in any and all trainings about best practices.	N/A	Bureau for Children's Services	11/30/05	
	(7) Encourage RBHAs to utilize family members as speakers for trainings.	N/A	Bureau for Children's Services	11/30/05	
Maximize Title XIX funding to provide needed services.	(1) Prepare white paper regarding funding for services specific to children and families involved with CPS.	Available literature	Bureau of Clinical Services; Division Chief, Finance	3/31/06	
	(2) Prepare white paper to allow reimbursement for telephonic support services.	Available literature	Bureau of Clinical Services; Division Chief, Finance	1/31/06	
Monitor use of flex funds.	(1) Review RBHA implementation of ADHS-approved flex fund protocols.	RBHA protocols	Bureau of Clinical Services	ongoing	
	(2) Review and approve requests for flex funds over $1,525.00.	Flex fund requests	Bureau of Clinical Services	ongoing	

Review and modify existing guidelines for medication monitoring as needed.	(1) Enhance the Informed Consent form based on results of the 2004 ICR findings (e.g. target symptoms). (2) Strengthen questions in the ICR tool to better assess the monitoring of recommended blood work when certain medications are prescribed. (3) Continue to implement the Polypharmacy Performance Improvement Project, including implementation of the Technical Assistance Document.	Informed Consent form; ICR findings ICR tool and findings ICR findings	Office of the Medical Director Office of the Medical Director Office of the Medical Director; Quality Management Operations	11/30/05 11/30/05 ongoing	
Confirm development and implementation of regional work plans by GSA and operational work plans by RBHA network providers	(1) Meet with each T/RBHA and their network providers by the end of the calendar year to discuss the statewide work plan and the expectations around the GSA and provider work plans. (2) T/RBHAs to submit work plan within 30 days of ADHS visit for review and approval (3) Monitor implementation and progress of regional work plans	JK Annual Action Plan T/RBHA work plans T/RBHA work plans	Assistant Director; Deputy Director; Office of the Medical Director; JK Team Assistant Director; Deputy Director; Office of the Medical Director; JK Team JK Team	12/31/05 1/31/06 9/30/06	

Paragraph 17(a): Develop and Implement a Statewide Training Program as Described in Paragraphs 32-39					
2006 Plan Objectives	**Tasks**	**Data Source**	**Responsibility**	**Target Date**	**Completion Status**
Increase competency in meeting the needs of children involved with CPS.	(1) Partner with child welfare and a RBHA to develop curriculum (to be used statewide) to increase system competency in meeting the needs of children and families involved with CPS.	Available literature	Bureau for Children's Services; Training Unit	6/30/06	
Increase competency of staff in meeting the needs of children age birth to five.	(1) Partner with a RBHA to develop curriculum (to be used statewide) to increase system competency in meeting the needs of children age birth to five and their families; utilize CA-SIG grant funding as needed.	Available literature	Bureau for Children's Services; Training Unit	6/30/06 and ongoing	
Increase competency in meeting the needs of children and adolescents with substance abuse issues.	(1) Establish the 3 staff person Youth Substance Abuse Team. (2) Initiate a statewide behavioral health workforce assessment of existing substance abuse capacity. (3) Solicit family and youth participation (at least 4 members) on the Best Practices Subcommittee. (4) Solicit stakeholder participation on the Best Practices Subcommittee (e.g. juvenile justice representatives).	N/A N/A N/A N/A	Bureau for Substance Abuse Bureau for Substance Abuse Bureau for Substance Abuse Bureau for Substance Abuse	12/31/05 1/31/06 1/31/06 1/31/06	

	(5) Research Best Practice approaches; establish core competencies and components of a substance abuse program.	Available literature	Best Practices Subcommittee; Bureau for Substance Abuse	3/31/06	
	(6) Support local Best Practice approaches with the CA-SIG grant.	RBHA/provider reports	Best Practices Subcommittee; Bureau for Substance Abuse	3/31/06	
Monitor implementation of required training	(1) Review RBHA training for compliance with contractual requirements related to the 12 Arizona Principles.	Administrative Review	Training Unit	12/31/05	
	(2) Review RBHA training on implementation of performance improvement protocols.	Administrative Review	Training Unit	12/31/05	
	(3) Review RBHA training functions for sufficiency of resources.	Administrative Review	Training Unit	12/31/05	
	(4) Review RBHA training for compliance with cultural competency training requirements.	Administrative Review	Training Manager	12/31/05	

Paragraph 17(i): Modify the Quality Management and Improvement System to Measure Whether Services are Consistent with and Designed to Achieve the 12 Principles

2006 Plan Objectives	Tasks	Data Source	Responsibility	Target Date	Completion Status
Implement statewide quality measurement tools and processes.	(1) Oversee RBHA implementation of CFT Process Measurement Tool.	N/A	QM Operations	12/31/05; ongoing as needed	

	(2) Review and analyze RBHA-generated data from the CFT tool.	RBHA reports	QM Operations	2/28/06 and then quarterly	
	(3) Complete review of a sample of RBHA cases using the CFT tool.	CFT tool	QM Operations	3/31/06 and then quarterly	
	(4) Analyze findings from the statewide tool and ValueOptions tool to determine final statewide tool	RBHA reports	QM Operations	10/31/06	
	(5) Develop outcome measures for children under age 6.	N/A	Bureau of Clinical Services; Office of Medical Director	11/30/05	
	(6) Incorporate outcomes for children under age 6 into CIS.	CIS	QM Operations	1/31/06	
	(7) Develop reporting format for outcome measures.	CIS	QM Operations	12/31/05	
	(8) Report on outcome measures for children age 6 and older.	CIS	QM Operations	1/31/06 and then quarterly	
	(9) Report on outcome measures for children under age 6.	CIS	QM Operations	4/30/06 and then quarterly	
	(10) Present data to JK Committee for identification of performance improvement activities.	CIS	JK Team; QM Operations	2/28/06 and then quarterly	
	(11) Develop utilization reports specific to Title XIX children by GSA.		QM Operations	11/30/05	

Align existing performance improvement activities with the 12 Arizona Principles.	(1) Calculate access to care measures for Title XIX children.	Access to care logs	QM Operations	1/31/06	
	(2) Analyze complaint data for Title XIX children.	Quarterly complaint reports	QM Operations	12/31/05	
	(3) Calculate seclusion and restraint data for Title XIX children.	Seclusion and restraint reports	QM Operations	11/30/05 and then quarterly	
	(4) Calculate follow-up after discharge measure for Title XIX children.	Inpatient file/ encounter data	QM Operations	11/30/05 and then quarterly	
	(5) Investigate options for better defining CFT capacity; iInvestigate options for validating RBHA-reported CFT capacity, and its focus on prioritized populations (children out of home/at risk for OOH, those involved with CPS and/or juvenile justice, children in Adoption Subsidy program.	RBHA reports	QM Operations	6/30/06	
Utilize youth and families to inform the behavioral health system about the quality of practice and services.	(1) Implement monthly JK Committee meetings.	Meetings held	JK Team; Office of the Medical Director	1/31/06 and then monthly	
	(2) Review quality management data in monthly JK Committee meetings.	Meeting minutes	JK Team; Office of the Medical Director; QM Operations	2/28/06 and then monthly	
	(3) Develop data dissemination strategies in monthly JK Committee meetings, to include assistance of MIKID and Family Involvement Center.	Meeting minutes	JK Team Lead; Office of the Medical Director; QM Operations	2/28/06 and then monthly	

Paragraph 17(j): Encourage Active Involvement of Plaintiff's Counsel, Class Members, Families, and Community Stakeholders					
2006 Plan Objectives	**Tasks**	**Data Source**	**Responsibility**	**Target Date**	**Completion Status**
Increase family, consumer, and other stakeholder involvement in ongoing quality improvement initiatives.	(1) Expand membership of Children's Best Practices subcommittee to include at least 4 new family or youth, members.	N/A	Bureau for Children's Services	By 2/28/06	

APPENDIX A

JK SETTLEMENT MAJOR ACCOMPLISHMENTS (11/1/04-10/31/05)

Accomplishments	Principles												Obligations
	1 Collab w/ C/F	2 Funct Outcome	3 Collab w/other	4 Access Service	5 Best Pract	6 Approp Setting	7 Time-liness	8 Services Tailored	9 Stability	10 Cultural heritage	11 Indepen-dence	12 Natural Support	
• Increase in numbers of children w/ functioning CFTs	X		X	X	X			X	X	X		X	Paragraphs 14, 15, 17, 38
• Additional funding to build supervision and leadership skills	X	X	X	X						X	X		Paragraphs 14, 15, 17, 38, 39
• Staff actively engaged child and family in treatment planning 98% of the time (2004 ICR)	X	X			X			X		X	X	X	Paragraphs 14. 15, 17, 55
• Development & implementation of Functional Outcomes Measures for Children Over 6 tool	X	X			X			X					Paragraphs 14, 15, 17, 55, 73, 74
• Development of Functional Outcomes Measures for Children Birth - Five tool.	X	X			X			X					Paragraphs 14, 15, 17, 55, 73, 74
• Development and implementation of 0-5 Assessment	X		X		X			X		X		X	Paragraphs 14, 15, 17, 55, 74
• Improved outcomes in Pima County over previous year (Project Match)	X	X			X	X			X		X		Paragraphs 14, 15,
• Funding of training for DES and ADJC and special trainings related to multi-agency children	X		X		X			X					Paragraphs 14, 15, 17, 38
• Development of collaborative protocols between RBHAs and AOC, ADJC, CPS and DDD			X	X			X	X	X				Paragraphs 14, 15, 17
• Finalized TAD #3 - *The Child and Family Team Process* revised to integrate new Functional Outcomes and Supervision Measurement tools	X	X			X				X				Paragraphs 14, 15, 16
• Finalized TAD #6 - *Providing*		X	X	X			X	X	X				Paragraphs 14, 15, 16,

Accomplishments	Principles												Obligations
	1 Collab w/ C/F	2 Funct Outcome	3 Collab w/other	4 Access Service	5 Best Pract	6 Approp Setting	7 Time-liness	8 Services Tailored	9 Stability	10 Cultural heritage	11 Indepen-dence	12 Natural Support	
Services to Children in Detention													73, 74
• Finalized PIP #3 - *Pervasive Developmental Disorders and Development Disabilities*			X		X			X				X	Paragraphs 14, 15, 16, 73, 74
• Finalized PIP #11 - *Best Practices*		X		X	X			X					Paragraphs 14, 15, 16
• Finalized PIP #12 - *Therapeutic Foster Care Service for Children*	X		X	X		X		X	X	X			Paragraphs 14, 15, 16, 73, 74
• Finalized PIP #13 - *Children and Adolescents Who Act Out Sexually*			X			X		X					Paragraphs 14, 15, 16, 73, 74
• Finalized PIP #14 - *Use of Out of Home Care Services*	X		X	X	X	X					X		Paragraphs 14, 15, 16, 73, 74
• Finalized PIP #15 - *The Unique Behavioral Health Service Needs of Children Involved with CPS*	X		X	X			X	X	X		X		Paragraphs 14, 15, 16, 73, 74
• Barrier identification and resolution mechanisms included in 2005 Administrative Review		X		X	X		X	X					Paragraphs 14, 15, 17, 55
• Assessment of training and implementation of PIPs included in 2005 Administrative Review		X			X								Paragraphs 14, 15, 17, 55
• Independent review of cases by Foster Care Review Boards (7/04 - 6/05): no service gaps in at least 86.7% of those cases and no waiting list for counseling in 99% of cases			X	X		X	X		X				Paragraphs 14, 15, 17, 55, 74
• Increases in respite care funding and percent of children and families served	X	X		X	X	X		X	X		X		Paragraphs 14, 15, 17, 40
• Increase in flex funds and revision to Provider Manual clarifying use of flex funds		X		X	X			X	X		X		Paragraphs 14, 15, 16, 17, 46, 47
• Establishment of Children's Best Practices Subcommittee		X		X	X	X		X	X				Paragraphs 14, 15, 17
• Statewide implementation of CFT Supervision Tool	X	X	X	X	X	X	X	X	X	X	X	X	Paragraphs 14, 15, 17, 55, 73, 74

Accomplishments	Principles												Obligations
	1 Collab w/ C/F	2 Funct Outcome	3 Collab w/other	4 Access Service	5 Best Pract	6 Approp Setting	7 Time-liness	8 Services Tailored	9 Stability	10 Cultural heritage	11 Indepen-dence	12 Natural Support	
• Statewide implementation of CFT Process Measurement Tool	X	X	X	X	X	X	X	X	X	X	X	X	Paragraphs 14, 15, 17, 55, 73, 74
• Continued low rates (2.4%) of out-of-home placements	X		X	X	X	X	X	X	X		X	X	Paragraphs 14, 15, 16
• Increased use of Therapeutic Foster Care when out-of-home placement is needed			X	X	X	X		X	X		X		Paragraphs 14, 15, 16
Continued low rates of out-of-state placements (<20)			X	X		X	X	X	X				Paragraphs 14, 15, 16
• 93% of children provided services in a time frame responsive to urgency of need (2004 ICR)		X		X			X		X				Paragraphs 14, 15, 17, 55
• Strengths, needs and cultural discovery process has, per T/RBHA report, been completed for 37% of current JK class members	X				X			X		X	X	X	Paragraphs 14, 15
• Revised Provider Manual to include section on expectations for providers to deliver culturally and linguistically appropriate BH services										X			Paragraphs 14, 15, 16
• Allowed Tribal therapeutic foster care home that are federally approved to provide services				X		X		X	X	X			Paragraphs 14, 15, 17, 42-45
• Provided first-time funding for flex funds to TRBHAs	X			X	X			X	X	X			Paragraphs 14, 15, 17, 46, 47
• Increased fee-for-service rates for services that foster independence	X			X				X			X		Paragraphs 14, 15, 17, 42-45